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*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*



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February 14, 2012

TO: Supervisor Zev Yaroslavy, Chair  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.  
Director

SUBJECT: **STATUS REPORT ON HEALTHY WAY LOS ANGELES  
ENROLLMENT AND THE 1115 MEDICAID WAIVER**

On June 14, 2011, your Board instructed the Chief Executive Officer and the Director of Health Services to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way Los Angeles (HWLA) Matched and Unmatched programs. On November 16, 2010, your Board directed the Chief Executive Officer (CEO), the Interim Director of the Department of Health Services (DHS), and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions.

**HEALTHY WAY LOS ANGELES – LOW INCOME HEALTH  
PROGRAM (LIHP)**

**Network Update:** On June 14, 2011, your Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Services. This new agreement replaced the previous Public-Private Partnership Program, HWLA and SB 474 contracts. On September 20, 2011, your Board delegated authority to DHS to execute amendments to existing HWLA-Matched agreements and to offer new HWLA-Matched agreements, to accommodate the transition of current Ryan White Care Act program clients to HWLA.

At the start of the HWLA program, we had agreements with 54 CP agencies representing 154 clinic sites. With the newly signed Ryan White-HWLA providers, our total non-DHS HWLA program network represent 62 CP agencies and over 266 clinic sites.

While there have been no significant Ryan White-HWLA transition updates from the State, DHS, DPH and DMH continue to work closely together to synchronize our transition process with the State.

**HWLA Enrollment Status and Trends:** HWLA is part of the California Health Care Coverage Initiative that seeks to expand health care coverage for eligible individuals in Los Angeles County. The initial HWLA program began in September 2007. The HWLA program with new programmatic and enrollment requirements commenced on July 1, 2011. As of February 1, 2012, 114,563 individuals were enrolled in the HWLA program. Of those, 71,042 are in DHS medical homes and 43,521 are in CP medical homes. Between July 1, 2011 and January 31, 2012, DHS facilities have enrolled 28,481 new patients into HWLA, CPs have enrolled 28,527 new patients, and DMH facilities have enrolled 1,820 new patients.

One of DHS' immediate goals is to enroll eligible patients within DHS operated facilities, CP clinics, and DMH-operated clinics into the HWLA Matched Program. In order to accomplish this goal, the newly formed DHS Ambulatory Care Network (ACN) team spearheaded a campaign entitled Operation Full Enrollment that lasted until the end of November 2011. Since the end of Operation Full Enrollment, we have continued to maintain the support infrastructure and monitoring system in place of the enrollment progress.

With the go-ahead from the State, we are looking at the most effective approach to auto-enroll current Los Angeles County General Relief recipients into HWLA. DHS has a team analyzing the GR data and we are also working closely with the Department of Public Social Services (DPSS) to identify this population as well as develop an on-going clinic assignment process. We have begun the discussion with CPs on how to best coordinate this, since this influx of patients will impact all of our clinic capacity. Our goal is to ensure a smooth enrollment process for both DHS and the CPs with sensitivity to the enrollee's historical usage of facilities, geographic residency, as well as clinic capacity.

**Community Partner Update:** Feedback from CPs and DHS staff continues to be incorporated. DHS staff has worked closely with the CPs to ensure that there are multiple forums to discuss operational concerns. Since the start of the program, we are now beginning to receive some positive feedback on our collective efforts and commitment towards improving the program's eligibility process for CPs.

**Future Steps:** Over the past five months, DHS, along with DMH and CP representatives have worked extensively with DPSS to create a HWLA enrollment platform in LEADER and Your Benefits Now to improve the process for both staff



and patients. Representatives have been detailing the content and process flow for these systems. This is viewed as an important technical improvement from the current enrollment platform. At present time, the technical team feels that we are on target for an early summer roll out.

### **ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES (SPDs)**

In the first eight months of SPD enrollment (June 1, 2011 to February 1, 2012), the net SPD L.A. Care enrollees assigned to DHS primary care providers was over 20,000 (>67% of our enrollment target of 30,000). The original intent in enrollment planning between DHS and L.A. Care was to enroll SPD patients that have previously received care from DHS; however, the majority of the SPD patients enrolled in DHS are new. In order to meet the service needs of the SPD patients, DHS and L.A. Care staff meets regularly and work collaboratively to improve our care coordination and care transition processes. We will continue to work with L.A. Care to adjust enrollment as needed.

**Future Steps:** One of ACN's main objectives is to ensure that access to primary care is available for SPD patients who use DHS as their primary source of care. We completed a system wide assessment of medical home capacity. This resulted in empanelment of over 240,000 patients to DHS primary care providers. We now have a means to coordinate and assign new patients to a medical home within our system where capacity exists.

### **IMPROVING PRIMARY CARE LINKAGE AND SPECIALTY ACCESS**

As we transform our system to meet health care reform requirements, improving primary care linkage and specialty care access is critical. For the last six months, in collaboration with our CPs, DHS identified and linked approximately 19,500 patients to CPs. Preliminary sample results from over 3,500 patients contacted, show that CPs were able to schedule around 18% of the patients with a primary care provider. This initiative also provided us an opportunity to flag, verify and update inaccurate patient demographic information. We are now working closely with CP clinical leadership to make the exchanges and process easier.

DHS, CPs, and L.A. Care are also working together to deploy a new telehealth technology (eConsult) which enables primary care providers and specialists to exchange consultations in a "store and forward" manner. This is a proven intervention that has worked well in San Francisco and Los Angeles, as well as other safety net and integrated delivery systems. We identified the initial group of specialties (Cardiology, Dermatology, Gastroenterology, Liver, Neurology

Ophthalmology, Orthopedics and Women's Health) that have begun on working out referral and management guidelines. We recently demonstrated a beta-version of the eConsult platform to providers for further input.

#### **DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)**

DHS will report progress toward achieving the milestones for Demonstration Year (DY) 7 to the State and CMS by March 31, 2012.

#### **NEXT STEPS**

We have determined that the information in this monthly report would be more effectively communicated on a quarterly basis. Therefore, unless otherwise instructed by your Board, this report will be provided quarterly. The target date for the next status report is April 13, 2012. If you have any questions, please contact me or Dr. Alexander Li, Ambulatory Care Chief Executive Officer, at 213-240-8344.

MHK:sr

#### **Attachments**

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
Mental Health  
Public Health